

SERIAL NO.	10/019512	FILING DATE
APPLICANT(S)		

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5						
6		1				
7		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8		14		14	

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				